

## TRUE FOCUS HEALTH ASSOCIATION: A PRIVATE MEMBERSHIP MEDICAL ASSOCIATION

I \_\_\_\_\_, for membership fee paid in hand, do hereby apply for membership in TRUE FOCUS HEALTH ASSOCIATION, A PRIVATE MEMBERSHIP ORGANIZATION. With the signing of this membership agreement I/We accept the offer made to become a member of True Focus Health Association and have read and agree with the Membership contract.

1. It is hereby declared that we are exercising our right of "freedom of association" as guaranteed by the 1st and 14th Amendments of the U.S. Constitution and equivalent provisions of the various State Constitutions. This means that our Association activities are restricted to the PRIVATE domain only.
2. We declare the basic right of all of our members to select spokesmen from our number who could give wise counsel and advice concerning the need for physical and mental health care assistance and to select from our number those members who are the most skillful to assist and facilitate the actual performance and delivery of therapy, treatment and care.
3. We proclaim the freedom to choose and perform for ourselves the types of therapies and treatment modalities that we think best for diagnosing, treating and preventing illness and disease of our minds and bodies and for achieving and maintaining optimum wellness. We proclaim and reserve the right to include medical and health options that include but are not limited to cutting edge treatment modalities and therapies practiced or used by any types of therapists or practitioners the world over, whether traditional or non traditional, conventional or unconventional.
4. More specifically, the mission of our Association is to provide members with the highest level of quality care and the most effective methods of treatment. We treat members and their health and medical conditions and not merely the symptoms experienced. Our Association understands that wellness has many dimensions and strives every day to stay on the leading edge of new technology. The Association provides comprehensive, conventional, complementary alternative care and the most advanced technologies to diagnose all aspects of a member's disease and provide the most effective means of treatment at an affordable fee. More specifically, the Association specializes in CEDSA Testing, True Rife Technology Frequency Therapy, Standard Enzyme products and other products that are necessary for optimization of health and well-being as alternates to medication concerning the modalities of service and benefits to members.
5. The Association will recognize any person (irrespective of race or religion) who in accordance with these principles and policies as a member, and will provide a medium through which its individual members may associate for actuating and bringing to fruition the purposes heretofore declared.

### MEMORANDUM OF UNDERSTANDING

I understand that the fellow members of the Association that provide service and care do so in the capacity as a licensed health care provider. I further understand that within the Association no doctor -patient relationship exists but only a contract member - member Association relationship. In addition, I have freely chosen to change by legal status as a public patient, customer, or client of a private member of the Association. I further understand that it is entirely my own responsibility to consider the advice and recommendations offered to me by my fellow members and to educate myself as to the efficacy, risks and desirability of same and the acceptance of the offered or recommended diagnosis, therapy, treatment and care is my own carefully considered decision. Any request by me to a fellow member to assist me or provide

me with the aforementioned diagnosis, therapy, treatment and care is of my own free decision in an exercise of my rights and made for me for my benefit. I agree to hold the Trustee(s), staff and other working members and the Association harmless for any unintentional liability for the results of such care, except for harm that results from instances of a clear and present danger of substantive evil as determined by the Association and as stated and defined by the United States Supreme Court.

The trustees and members have chosen Joseph Cataldo and Aksana Cataldo as the best qualified to perform services to members of the Association and entrust them to select other members to assist them in carrying out that service.

In addition, I understand that since the Association is protected by the First and Fourteenth Amendments to the US Constitution, it is outside the jurisdiction and authority of Federal and State Agencies and authorities concerning any and all complaints or grievances against the Association, any Trustee(s) member or staff persons. All rights or complaints or grievances will be settled by an Association member or other staff person and will be waived by the member for the benefit of the Association and its members. Because the privacy and security of membership records maintained within the Association which have been held to be inviolate of the US Supreme Court, the undersigned member waives HIPAA privacy rights and complaint process. Any medical or healthcare records kept by the Association will be strictly protected and only released upon written consent of the member, I agree that violation of any waivers in this membership contract will result in a no contest legal proceeding against me. In addition, the Association does not participate in any medical insurance plans or collection on behalf of the member but will provide a suitable invoice for the member to pursue reimbursement by his/her insurance company.

I agree to join the Association, a private membership association, under common law, whose members seek to help each other achieve better health and live longer with a good quality of life.

I understand that the doctors, nurses and other providers who are fellow members of the Association are offering me advice, services and benefits that do not necessarily conform to conventional medical care. I do not expect these benefits to include on call coverage, hospital care, or the usual and customary care provided by most physicians. I will receive such primary and specialist care elsewhere. I fully understand that the benefits I receive from the Association might or might not be covered by my health insurance and not at all by Medicare.

As a member, I accept the goals of helping my body function better and choose technologies that are both very safe and have a reasonably good chance to succeed, realizing that no diagnostic technique or treatment is foolproof. If I choose to forego drugs, surgery, or radiation that has been recommended to me by others, I fully accept the risk that I might suffer serious consequences from that choice. Other aspects of informed consent will take place by discussions with the providers and my fellow members of the Association.

My activities within the Association are a private matter that I can choose not to share with the State Medical Board, The FDA, FTC, Medicare, Medicaid, or my own insurance company without my expressed specific permission.

All records and documents remain the property of the Association, even if I receive a copy of them. I fully agree not to file a malpractice lawsuit against a fellow member of the Association, unless that member has exposed me to a clear and present danger of substantive evil. I acknowledge that the members of the Association do not carry malpractice insurance.

I enter into this agreement by my own free will or on behalf of my dependent without any pressure or promise to cure. I affirm that I do not represent any State or Federal agency whose purpose is to regulate and approve

products. I have read and understood this document and my questions have been answered fully to my satisfaction.

I understand that I can withdraw from this agreement and terminate my membership in the Association at any time.

I ENCLOSE THE SUM OF \$10.00 FOR MY ONE TIME LIFETIME MEMBERSHIP CONTRACT FEE, said term beginning with the date of the signing of this contract and by those present do hereby certify, attest and warrant that I have carefully read the above and foregoing True Focus Health Association' Contractual Application for Membership and I fully agree with the same.

IN WITNESS WHEREFORE I SET MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
MEMBER'S NAME (PLEASE PRINT LEGIBLY) AND NAME OF LEGAL GUARDIAN IF APPLICANT IS UNDER AGE OF 18.

-----

MEMBER'S SIGNATURE AND SIGNATURE OF LEGAL GUARDIAN IF APPLICANT IS UNDER AGE OF 18

TRUE FOCUS HEALTH ASSOCIATION BY \_\_\_\_\_

APPROVED AND ACCEPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_